

Credential Application Request

**Southern California District Council
Assemblies of God
17951 Cowan
Irvine, CA 92614-6000
(949) 252-8400
Fax: (949) 252-8435
E-mail: general@socalag.org**

I have read the information regarding the Credential Application Process. I understand the following regarding the application process:

- » All fees are non-refundable.
- » My application will not be processed without the complete application, including notarized Authorization and Release forms, and transcripts.

I hereby request an application for Ministerial Credentials with the Southern California District Council of the Assemblies of God. I have included my non-refundable application materials fee of \$25.00.

Please send the application to the following address:

Please Print

Name: _____

Address: _____

City: _____ Zip: _____

Applicant's Signature: _____

Mail this form and a non-refundable payment of \$25.00 to:

ATTN: Judy Manntai
Assemblies of God
17951 Cowan
Irvine, CA 92614-6000

Please make checks payable to Southern California District Council A/G

DISTRICT OFFICE USE ONLY

Application Fee Paid: _____

Amount Received: _____ Cash _____

Check _____ Money Order _____

Check/Money Order Number: _____

Check/Money Order Date: _____

Official Application Mailed: _____